

## Maryland Medicaid Program Coverage for Permanent Sterilization Procedures

Medicaid Fee-For-Service and MCOs are required to cover permanent sterilization procedures for beneficiaries when ALL the following conditions are met:

1. The individual is at least 21 years of age at the time consent is obtained;
  2. The individual is not mentally incompetent;
  3. The individual is not institutionalized;
  4. The individual has voluntarily given informed consent as described in Part I of the **Sterilization Consent** form (HHS 687, HHS 687-1) available at <https://mmcp.health.maryland.gov/pages/provider-information.aspx>;
  5. At least 30 days, but no more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery;
  6. An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery if at least 72 hours have passed since he or she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.
  7. An individual is not eligible for the sterilization procedure until the 32<sup>nd</sup> day after giving consent (signature date on the consent form).
  8. The Sterilization Consent form (HHS 687, HHS 687-1) must be completed and kept in the patient's record for all sterilization procedures (55250, 55450, 58699-58615, and 58670-58671). Sterilization procedures must be billed on a separate CMS-1500 claim form. If the procedure was performed on the same date of service as another procedure, a modifier-51 is required in Block #24D for the second or subsequent procedure.
- **Permanent sterilization is not a self-referral service. MCO members must use in-network providers and the provider needs preauthorization from the MCO.**
  - **Beneficiaries who are not enrolled in an MCO do not need preauthorization for the procedures.**

### *Female Sterilization*

58565	Surgical Hysteroscopy w/bilateral fallopian tube cannulation to induce occlusion
58340	HSG - injection uterus/tubes x-ray, 3-month post procedure
58600	Ligation or transaction of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (band/clip/falope ring, vaginal or suprapubic approach)
58670	Surgical laparoscopy with fulguration of oviducts (with or without transaction)
58671	Surgical laparoscopy with occlusion of oviducts by device (band/clip/falope ring)

### *Male Sterilization*

55250	Vasectomy, excision unilateral-bilateral
55450	Ligation of vas deferens

For questions regarding Medicaid FFS reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-6750 or call 1-800-456-8900.